

DEPARTMENT OF PERSONNEL

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MEMO PERD #30/03

September 10, 2003

TO

Department Directors

FROM

Jeanne Greene, Director Department of Personnel

SUBJECT:

SEMUAL HARASSMENT/DISCRIMINATION INVESTIGATIONS

As you are aware, Governor Guinn requested and the Legislature funded, a sexual harassment and discrimination investigation unit within the Department of Personnel. This unit will consist of three full-time investigators, two in the north and one in the south, as well as a supervisor. The northern investigators are Alys Dobel, (775) 688-1494, and Rose Bilyeu, (775) 688-1493; David Badger, (775) 684-0108, is supervising the unit. We will be recruiting for the Las Vegas position within the next couple of weeks.

The mission of the unit is to conduct prompt, independent investigations of all allegations of sexual harassment and discrimination, as defined by State and federal law, in order to reduce costs associated with settlements and court decisions against the State. In addition to reducing the State's monetary liability, the benefits of this approach are many:

- Each complaint will be evaluated and investigated by trained personnel using consistent investigative procedures.
- Independent investigations will reduce the perception there is bias on the part of the investigator.
- Independent investigators can complete investigations in a more-timely, in-depth manner as compared to agency staff that often have many other duties in addition to investigation responsibilities.

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• The investigative unit will provide continuous feedback to trainers regarding specific training needs and will provide coordination between the State agencies, the Attorney General's Office and the State's Tort Claim Manager.

The State's Sexual Harassment/Discrimination Policy is being updated and will be distributed to each State agency in the near future. In addition, the Department of Personnel has developed specific procedures for agencies to follow when employees file sexual harassment/discrimination complaints. To assist you in the process, we've developed an intake form that should be used by your agency's coordinator to gather information regarding employees' initial complaints and a detailed complaint form that the complainant will complete. Copies of these procedures and forms are enclosed and will be available on our website at www.dop.nv.gov. A follow up form has also been developed that will allow the State to track the outcome of investigations. This form will be sent out to each State agency for which an investigation has been completed.

In conjunction with the establishment of a statewide investigation unit, the State of Nevada is placing an increased focus on training in prevention of sexual harassment and discrimination. This includes mandatory sexual harassment training for all new employees as well as refresher training for all employees every two years.

Finally, the sexual harassment hotline, which was previously maintained by the Attorney General's office, has been moved to the Department of Personnel. Employees will be advised of this change through a paycheck bulletin. We are enclosing the new sexual harassment poster, which displays the hotline number and provides a space for you to identify the name of your agency's coordinator. Please contact Connie Buda at (775) 684-0119 if you need additional posters.

I appreciate all your assistance and cooperation in implementing the new investigation and training programs. Working together, we can create a model workplace that is free from the disruptions and monetary outlays associated with complaints of sexual harassment and discrimination. If you have any questions, please feel free to contact me or Dave Badger.

JG:cp

Enclosures

cc Division Administrators
Agency Personnel Liaisons
David Badger, Supervisory Personnel Analyst, Department of Personnel

SEXUAL HARASSMENT/DISCRIMINATION INVESTIGATION PROCEDURES

All complaints of sexual harassment and/or discrimination submitted by employees through their agency coordinator or the hotline will be investigated promptly and thoroughly by the Department of Personnel's investigation unit. Investigation procedures are as follows:

Complaints Submitted Directly to the Agency

- When an employee complains of sexual harassment or discrimination, either verbally or in writing, the agency coordinator will complete the intake form and instruct the complainant to fully document the complaint on the complaint form (see attached).
- The coordinator will forward a copy of the completed intake and complaint forms to the agency's Deputy Attorney General and the Department of Personnel's investigation unit within one working day after receipt from complainant.
- 3. The investigation staff will schedule an initial interview with the agency's coordinator and appropriate management personnel to gather information relevant to the complaint as well as any essential organizational background. If the complaint involves sexual harassment, the investigation staff will contact the agency to schedule a meeting within one working day after receipt of the complaint. Contact with the agency regarding complaints other than sexual harassment will be made within three working days.
- In order to ensure employees' safety and minimize disruption in the workplace, it may be appropriate, under certain circumstances, to remove one or more of the individuals involved in the complaint from the work environment. This could be accomplished by reassigning an individual to another work location or by placing the individual on administrative leave. The decision to remove an employee from the workplace rests with the appointing authority. However, if the investigator identifies issues related to workplace safety/disruption through the course of the investigation, the investigator will bring those concerns to the attention of the appointing authority, Deputy Attorney General and agency coordinator.
- 5. If the allegations could result in the suspension, demotion or dismissal of an employee, the investigations staff will review the requirements of SB 331 with agency management to ensure the employee is advised of his rights prior to questioning.
- 6. The investigation staff will begin the investigation as soon as witnesses are available. Depending upon the availability of witnesses, as well as the scope and

- complexity of the complaint, the goal of the investigation unit is to complete the investigation within two weeks.
- 7. Investigations will be conducted discreetly, with as little disruption to the workplace as possible. All information gathered in an investigation will be confidential and the confidential nature of the investigative process will be conveyed to each witness. Interviews can take place at the work site, the investigation unit's offsite office, or another suitable location.
- The investigation staff will prepare a written report of findings, with the goal of submitting the report to the department director/division administrator and the agency's Deputy Attorney General within one week after conclusion of the investigation. (It should be noted that it is the responsibility of the appointing authority to determine if discipline or other remedial actions are appropriate. Therefore, the report will not contain recommendations relevant to disciplinary action. The report may, however, suggest mediation services, if appropriate.)
- 9. If findings substantiate an incident of sexual harassment or discrimination, the investigator will also provide a copy of the report to the Tort Claims Manager in the Attorney General's office.
- 10. Approximately 30 days after receiving the report of findings, the agency coordinator will complete the investigation follow up questionnaire (attached). This will allow agencies to address concerns relative to the quality and timeliness of the investigation and allow the investigation unit to compile and report statistical data to the Governor and the Legislature.

Complaints Submitted via the Hotline

- When an employee transmits a complaint of sexual harassment or discrimination through the hotline, the Department of Personnel's investigation unit will complete the initial intake document and instruct the complainant to complete the complaint form.
- If the complaint involves sexual harassment, the investigation staff will forward a copy of the complaint to the appropriate agency coordinator and Deputy Attorney General within one working day and schedule a background interview with the agency coordinator. Other complaints will be forwarded within three days.
- 3 The investigation will then proceed as described above for complaints submitted directly to the agency.



Name of individual who filed the complaint:

STATE OF NEVADA HARASSMENT / DISCRIMINATION OUTCOME SURVEY

If the investigation could not confirm the alleged violation,

did the agency take remedial action?

Please complete the following survey once you have reached conclusions, decisions or actions regarding the investigation.

	보고 함께 보다는 사이트 경험 보고 보고 그는 이 없다면 살다.		☐ yes ☐ no			
2.	Type of complaint:					
			If yes, what action was taken?			
			☐ referred to mediation			
3.	Was the investigative report used to take specific action?		continue to monitor situation			
	□ yes		additional training			
	□ no		other:			
	Comments:				-	•
	Comments.					
		7.	Did the complaint advance to a high	her level	>	
			□ NERC	J. 101 10101		
4.	Was anyone involved in the harassment/discrimination		□ EEOC			
	placed on administrative leave with pay?		☐ Court			
	□ yes		☐ EMC			
	□ no		☐ Other			
	If yes, identify who and the length of the administrative					
	leave with pay.	8.	Please rate the quality of the	(ci	rcle o	ne)
			investigation.	1 = unacceptable 3 = excellent		
				3 =	excei	ient
			Timeliness	•	2	2
5.	If the investigation determined a violation occurred, what happened to the offender?			1	2	3
	happened to the oliender?		Thoroughness	1		3 3
	□ nothing		Written report			
	referred to mediation		Communication w/agency	1	2	3
	continue to monitor situation					
	☐ training	9. Name of person completing this survey:		urvey:		
	oral reprimand					
	☐ written reprimand		Agency:			
	suspension, number of days?					
	demotion to		Phone Number:			
	☐ dismissal					
	☐ other					
4		L				
	TE: If a monetary settlement is made, please co					
Gei	neral comments may be written on the back of thi	s form	l	_	_	

STATE OF NEVADA



Sexual Harassment or Discrimination Complaint

Sexual harassment and discrimination based on race, color, national origin, religion, sex, age, disability, or sexual orientation in any term, condition or privilege of employment are violations of State and federal law.

			2000 ECENTRAL ECENTRICAL
Date of Complaint:			
Please answer as completely a form and as many additional sh	s possible neets as ne	the following question cessary.	s. Use the back of this
Submit completed form to you Sexual Harassment/Discrimina City, Nevada 89701-4204, or fax	tion Unit a	it 209 East Musser Str	partment of Personnel's eet, Room 101, Carson
1. Employee Name	2	2. Title	
3. Immediate Supervisor	4	. Department	
5. Division	6	5. Section/Unit	
7. Work Location	8	3. Work Phone	9. Home Phone
10. PLEASE NOTE: If you make a complaint of sexual harass	ment or discri	mination, it will be investigated	. Please initial
 Describe the alleged sexual harassment each occurrence. 	or discrimination	on incident(s). Please specify loca	ation(s), date(s) and time(s) of
	Ambientika and a salah a		

Sexual Harassment or Discrimination Complaint 12. Who or what do you believe was responsible for the alleged sexual harassment or discrimination incident(s)? 13. Were there any witnesses to the alleged sexual harassment or discrimination incident(s)? ☐ YES ☐ NO If yes, please provide the name(s), address(es), and phone number(s). 14. Provide the name, address and phone number of those who may have important information regarding the alleged incident(s). 15. If appropriate, did you inform the alleged offender(s) their behavior was unacceptable? ☐ YES ☐ NO If yes, please describe.

16. Have you reported this incident to any☐ YES ☐ NO		crimination Complaint
If yes, please provide the name(s), ad	dress(es), and phone num	nber(s).
7. 10/16-14:		
7. What is the remedy you are seeking?		
		and the second s
	m any supporting de	ocumentation related to your complaint.
NOTE: Please attach to this for		
		certify the above statements
NOTE: Please attach to this for	name)	certify the above statements
(print	<i>name)</i> ual to the best of my	

STATE OF NEVADA



Intake Report of Harassment or Discrimination

(To be completed by agency coordinator or harassment/discrimination unit investigator.)

	Time of Rep	ort:
SECTION I - COMPLAINANT II	NFORMATION:	
1. Employee Name	2. Title	
3. Immediate Supervisor		
4. Department	5. Division	6. Section/Unit
7. Work Location	8. Work Phone	9. Home Phone
SECTION II – COMPLAINANT I evidence)	NTERVIEW: (Attach original doc	cumentation of statements, materials or
Make complainant aware that c	omplaints of harassment or d	iscrimination will be investigated.
Describe the harassment/discrimination	incident(s).	
Who or what was responsible for the har	rassment/discrimination incident(s)?	
2. Who or what was responsible for the har	rassment/discrimination incident(s)?	
2. Who or what was responsible for the har	rassment/discrimination incident(s)?	
Who or what was responsible for the har Where did the harassment/discrimination		

Intake Repor	t of Hara	ssment or D	iscrimination	
4. List the date(s) and time(s) that the ha	arassment/discrimi	nation incident(s) occurred	•	
5. Have you reported this incident to any	one else?			
	W State of the sta			
Identify any witnesses to the harassm number(s).	nent/discrimination	incident(s). Please provide	e name(s), address(es), and p	hone
	18			
7. What remedy are you seeking?			a	
0 1-1				
8. Interviewer comments.	Name of the state			
SECTION III - ALLEGED OFF	ENDER INFO	RMATION:		
1. Employee Name		2. Title		
3. Immediate Supervisor		and the state of t	antaria di serienti di ser	
4. Department		5. Division	6. Section/Unit	
7. Work Location		8. Work Phone	9. Home Phone	
10. Comments				die.
11. Name of person completing this form	n (please print):	12. Phone Number		
Date Investigation Complete	ed:	Time Investiga	tion Completed:	

ORIGINAL TO INVESTIGATOR

COPY TO AGENCY DIRECTOR OR AGENCY PERSONNEL LIAISON